

MONTEREY COUNTY

PUBLIC WORKS, FACILITIES & PARKS

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REQUEST FOR REFUND OF COUNTY PARK FEES

Payers' Name:		Date:	
Group Name (Parks use only):			
Payers' Address:			
Phone:		Email:	
Park Name/Site Name/ Reservation Date:			
Refund Type:	Parks Fees	Amount Request to be Refunded \$	
Receipt/Confirmation No.:			
Reason for Refund Request:			
Requestor's Signature		Print Name	Date

Refund will be addressed and mailed to the party that originally paid unless otherwise documented in writing by said party.

Department Use Only

Reviewed by:			
	Staff Signature	Print Name	Date
<input checked="" type="checkbox"/> Copy of Original Receipt Attached		<input type="checkbox"/> Detailed Calculation of Refund Amount Attached	
<input checked="" type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied	Refund Approved for \$ _____	
Reason if different from above:			
Admin Ops Manager Approval	Print Name	Date	
Finance Manager III	Print Name	Date	
Received by Secretary <input type="checkbox"/>	Date:		